APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN **DEPOSITORY FOR CANDIDATES**

(Section 106.021(1), F.S.)

(PLEASE PRINT OR TYPE)

RECEIVED

2020 FEB 3 PM 12 59

MAY STEE COUNTY SUPERVISOR OF FEBTIONS

NOTE: This form must be on file with the qualifying officer before opening the campaign account.

OFFICE USE ONLY									
Office Party									
reet, city, state, zip									
an office, check if									
a Write-In candidate.									
nt is to run as a									
ty candidate.									

Initial Filing of Form	•	filing to Chang	e: 🔲 T	reasur	er/Deputy		Deposito	ory 🔲	Office		Party	
2. Name of Candidate (in this order: First, Middle, Last) 3. Address (include post office box or street, city, state, zip											zip	
KRISTY ZINNA					」code) 」133 HARBOR DR S							
4. Telephone 5. E-mail address					VENICE, FL 34285							
(941) 488-7794	eric@re	obinsongrute	ers.com									
6. Office sought (include district, circuit, group number) 7. If a candidate for a <u>nonpartisan</u> office, check if												
MANATEE COUNTY JUDGE GROUP 4					applicable: My intent is to run as a Write-In candidate.							
8. If a candidate for a partisan office, check block and fill in name of party as applicable: My intent is to run as a												
Write-In No Party AffiliationParty candidate.												
9. I have appointed the following person to act as my X Campaign Treasurer Deputy Treasurer												
10. Name of Treasurer or Deputy Treasurer ERIC ROBINSON												
11. Mailing Address						12. Telephone						
133 HARBOR DR S (941) 488-7794												
13. City 14. County 15. State				ı								
VENICE SARASOTA FL					34285 eric@robinsongruters.com							
18. I have designated the following bank as my												
19. Name of Bank 20. Address												
SUNTRUST BANK	1670	670 S. VENICE BYPASS										
21. City		22. County			23. St	ate			24. Zip C	ode		
VENICE		SARASOT	<u> </u>		FL				34293			
UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING FORM FOR APPOINTMENT OF CAMPAIGN TREASURER AND DESIGNATION OF CAMPAIGN DEPOSITORY AND THAT THE FACTS STATED IN IT ARE TRUE.												
25. Date	11 28	5th, 2020)	26. S	ignature/of	L	_ 7					
27. Treasurer's Acceptance of Appointment (fill in the blanks and check the appropriate block)												
EDIC DODINGON												
I,, do hereby accept the appointment (Please Print or Type Name)												
designated above as: Campaign Treasurer Deputy Treasurer.												
1/30	2020		X	has	ll_							
Date Signature of Campaign Treasurer or Deputy Treasurer												